

**SAMPLE MAPPING #2**  
**NEBRASKA FORM 81:**  
**MOTOR VEHICLE FUELS TAX RETURN**

**TRANSACTION SET HEADER EXAMPLE #2**

**Notes:** Please reference the attached sample forms to compare to this EDI mapping.

The Header contains only required data from the Form 81. This includes Line 19 and identification and address information. Other line items are either in the Detail portion or are not captured.

1 ST~813~0006\  
2 BTI~T2~NE81~47~NE16~20000220~R(space)&(space)~24~476332002~49~0662213~~~~CO\  
3 DTM~194~19991031~~~\  
4 TIA~5067~~1000\  
5 TIA~5025~0\  
6 REF~BE~1\  
7 N1~TP~R & J OIL CORP\  
8 N3~3430 SCOTTSDALE BLVD~\  
9 N4~ANYTOWN~NE~68121~US\  
10 N1~31~R & J OIL CORP\  
11 N3~PO BOX 1600~\  
12 N4~ANYTOWN~NE~68121~US\  
13 PER~TP~DAVID L RASMUSSEN~TE~4025550998~~~~\

**FORM 81: TRANSACTION SET DETAIL EXAMPLE #2**

**Notes:** The Detail contains required line items from Form 81, including Lines 1, 2, 5, 7, 9, 13, and 15. It also contains all columnar line item data from the Schedules MFR and MFD. In this example, the TFS segment is coded to indicate that no schedules are used.

14 TFS~T2~NE81\  
15 FGS~81C1~PG~65\  
16 TIA~5031~~~0~GN\  
17 TIA~5055~~~0~GN\  
18 TIA~5023~~~0~GN\  
19 FGS~81C2~PG~241\  
20 TIA~5000~~~0~GN\  
21 TIA~5012~~~0~GN\  
22 TIA~5032~~~0~GN\  
23 TIA~5008~~~0~GN\  
24 TIA~5007~~~0~GN\  
25 TIA~5055~~~0~GN\  
26 TIA~5023~~~0~GN\

27 FGS~81C3~PG~124\  
28 TIA~5055~~~0~GN\  
29 TIA~5023~~~0~GN\

**FORM 81: TRANSACTION SET TRAILER EXAMPLE #2**

**Notes:** The Trailer “SE” segment counts the number of segments within ST-SE loop, including the ST and SE. The SE also contains a control number that ties it to the ST.

30 SE~30~0006\



# Nebraska Motor Vehicle Fuels Tax Return

FORM **81**

• Read instructions on reverse side & complete enclosed schedules

PLEASE DO NOT WRITE IN THIS SPACE

Federal Employer Identification Number    Tax Month    Nebraska Identification Number  
47-6332002    October 1999-10    0662213

If your payment is being made by Electronic Funds Transfer, check here. ☐

R & J OIL CORP  
3430 SCOTTSDALE BLVD  
ANYTOWN NE 68121

R & J OIL CORP  
PO BOX 1600  
ANYTOWN NE 68121

## SUPPLIER

☐ Check this box to **CANCEL**.  
Attach license and indicate cancellation date \_\_\_\_\_

		COLUMN 1 GASOLINE	COLUMN 2 DENATURED ETHANOL	COLUMN 3 GASOHL
<b>INVENTORY AND RECEIPTS — All Gallons are Gross Gallons</b>				
1	Beginning inventory (line 7 of previous return) .....		0	
2	Gallons produced .....		0	
3	Tax-paid gallons (attach MFR Sch. Code 1) .....	0	0	0
4	Tax-free gallons (attach MFR Sch. Codes 2, 3, & 4) .....	0	0	0
5	Gasoline and denatured ethanol used to blend gasohol ....	( 0 )	( 0 )	0
6	Total inventory & receipts (total of lines 1 through 5) .....	0	0	0
7	Ending inventory .....		0	
8	Gallons to account for (line 6 minus line 7) .....	0	0	0
9	Gain or loss .....		0	
10	Total gallons to account for (line 8 plus line 9) .....	0	0	0
<b>DISBURSEMENTS — All Gallons are Gross Gallons</b>				
11	Tax-free gallons (attach MFD Sch. Codes 6, 7, & 8) .....	0	0	0
12	Tax-paid gallons (attach MFD Sch. Code 5) .....	0	0	0
13	Other gallons sold or used tax paid .....	0	0	0
14	Total disbursements (total of lines 11 through 13) .....	0	0	0
<b>TAX CALCULATION</b>				
15	Gallons subject to tax <b>Gasoline &amp; gasohol: line 10 minus total of lines 3 and 11</b> <b>Denatured ethanol: line 12 plus line 13 minus line 3</b> ....	0	0	0
16	Total taxable gallons (total of line 15, columns 1, 2, and 3) .....			0
17	Tax (line 16 multiplied by .241) .....			\$ 0
18	Commission ( .0475 on first \$5,000 PLUS .0225 on excess over \$5,000) .....			0
19	Fuel tax due (line 17 minus line 18) .....			0
20	Previous balance .....			0
21	BALANCE DUE (line 19 plus line 20). Pay in full with return .....			\$ 0

Under penalties of law, I declare that I have examined this return and schedules, and to the best of my knowledge and belief, they are correct and complete.

<b>sign here</b>	<u>David L Rasmussen</u>	<u>(402) 555-0998</u>	<u>( )</u>
	Authorized Signature	Telephone Number	Telephone Number
	<u>Manager</u>	<u>2-19-2000</u>	
	Title	Date	Address

Signature of Preparer Other than Taxpayer \_\_\_\_\_  
Date \_\_\_\_\_

**THIS RETURN IS DUE ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE TAX MONTH INDICATED ABOVE.**

Mail the original return, schedules, and payment to: **MOTOR FUELS DIVISION, P.O. BOX 98904, LINCOLN, NE 68509-8904**